

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 169
Registered No. 30

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township Globe or Village
City No. St. Ward

2. Full name of child

Harold Dean Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date of birth

2-17-1928
Month Day Year

8.

FATHER

Full name

Lloyd Ward

9. Residence

(Usual place of abode)

Globe, Ariz.
If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

Magdalena
New Mexico

13. Occupation

Nature of Industry

Rancher

14.

MOTHER

Full maiden name

Leora Michelson

15. Residence

(Usual place of abode)

Globe, Ariz.
If non-resident, give place and state.

16. Color or race

White

17. Age at last birthday 28 (Years)

18. Birthplace (city or place)

(State or country)

Stephensville
Texas

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

2

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:20 P.M. on the date above stated
(Born alive or stillborn.)

Signature

T.C. Harper
physician

(Physician or midwife)

Address

Globe, Ariz.

Filed

3/10, 1928 T.E. Wyllman
Registrar

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

861-217-355